State of Minnesota	District Cou
County	Judicial District:
	Court File Number:
	Case Type:
In the Matter of:	
Name of Petitioner	
	AFFIDAVIT IN LIEU OF
V.	FORM PACKET FEES
Name of Respondent	
STATE OF MINNESOTA )	
) SS	
COUNTY OF)	
I request a waiver of the court forms fee. I belie request. I state the following is true. I am:  A party in the above-named action	
An individual representing a non-profit a action.	gency assisting a party in the above-named
In good faith I request a waiver to proceed without	out payment of the above fees due to the party's
inability to pay on the following basis:	are payment of the above fees due to the party s
• • •	ne or more of the following programs (Please
☐SSI and /or MSA (the Supplemental Seassistance Program)	ecurity Income and Minnesota Supplemental
☐MFIP (Minnesota Families Investment	Program)   Food Stamps
☐General Assistance or Work Readiness	<b>5</b>
☐Medical Care	☐ Energy Assistance
□Other (specify)	
☐ I am unable to pay the forms fee and con	family members.
Fuy	
This affidavit only waives the cost of court for require an application for the In Forma Paup	· · · · · · · · · · · · · · · · · · ·
I declare under penalty of perjury that everyth correct. Minn. Stat. § 358.116.	ning I have stated in this document is true and
	Signature of Requestor